

ECONOMIC IMPACT STATEMENT

Regulation Number: 129-5-1

Regulation Name: Prior Authorization

Summary of Proposed Changes: The following changes will be made to regulation 129-5-1 regarding prior authorization of pharmaceutical products:

These therapeutic classes of drugs have been evaluated by the Preferred Drug List Advisory Committee and found to be clinically equivalent to agents within their respective drug classes. To ensure the most clinically appropriate utilization of these drugs in the most cost-effective manner, the following drugs will require prior authorization:

- Adjunct antiepileptic drugs: eslicarbazepine, perampanel, ezogabine, oxcarbazepine
- Triptans: rizatriptan, sumatriptan pens, vials, cartridges, and nasal sprays
- Inhaled long-acting beta2-agonists & corticosteroids: budesonide & formoterol, fluticasone & vilanterol
- Miscellaneous anti-lipemic agents: lomitapide, mipomersen
- Dipeptidyl peptidase IV inhibitors: alogliptin, linagliptin
- Antimuscarinics & Antispasmodics: acclidinium bromide

The following drugs will require prior authorization to ensure appropriate utilization because of safety issues, potential for off-label use, abuse potential, cost effectiveness, and/or clinical appropriateness:

- Antibiotics: rifaximin
- Antiemetics: doxylamine succinate & pyridoxine hydrochloride
- Antirheumatics: tofacitinib
- Cervical Dystonia agents: incobotulinum toxin A
- Drugs for the treatment of obesity: lorcaserin, phentermine & topiramate ER
- Complement inhibitors: eculizumab
- Anti-hepatitis C virus agents: sofosbuvir, simprevir
- Topical acne agents: adapalene, adapalene & benzyl peroxide, azelaic acid, dapsone, tazarotene, tretinoin & clindamycin
- Interferons: interferon alfacon-1, interferon alfa-2b, interferon beta-1a, interferon beta-1b, peginterferon alfa-2a, peginterferon alfa-2b
- Pulmonary arterial hypertension agents: ambrisentan, bosentan, epoprostenol, ilprost, macitentan, riociguat, sildenafil, tadalafil, treprostinil
- Testosterone agents: Androderm Transdermal®, AndroGel®, Axiron Topical Solution®, Delatestryl®, Fortesta Gel®, Striant Buccal®, Testim Gel®, Testopel Pellets®
- Antineoplastic agents: afatinib, dabrafenib, everolimus, methotrexate, sipuleucel-T, trametinib, trastuzumab
- Multiple Sclerosis agents: dalfampridine, dimethyl fumarate, fingolimod, glatiramer, teriflunomide
- Immunosuppressive agents: belimumab
- Ammonia detoxicants: glycerol phenylbutyrate, sodium phenylbutyrate
- Heavy metal antagonists: deferasirox, deferiprone, trientine
- Pituitary corticotropin: H.P. Acthar Gel®

- Ocular agents: ocriplasmin, ranibizumab
- Miscellaneous analgesics: ziconotide intrathecal infusion
- Miscellaneous central nervous system agents: riluzole
- Calcimimetics: cinacalcet
- Radioactive agents: radium Ra 223 dichloride

Federal Mandate: This regulation change is not federally mandated.

Economic Impact: It is expected that these changes will reduce Medicaid expenditures by \$1,160,948.58 SGF and \$1,533,292.74 FFP annually.

Bearer of Cost: The cost of reviewing Prior Authorization will be borne by DHCF and the contracted KanCare Managed Care Organizations. If a Medicaid consumer wishes to have a drug despite a PA denial the cost will be borne by the consumer.

Affected Parties: Medicaid consumers, pharmacists, prescribers, and the Medicaid agency.

Other Methods: There were no other appropriate methods for the desired outcome.